

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): SALLY A. MORRIS, ATTORNEY AT LAW LLC SIX CITY CENTER STE 300 PORTLAND ME 04101		FOR COURT USE ONLY	
TELEPHONE NO.: 207-558-6161	FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name): KATHLEEN FINN			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS: UNKNOWN CA			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PLAINTIFF/PETITIONER: KATHLEEN FINN			CASE NUMBER:
DEFENDANT/RESPONDENT: CUP4CUP, LLC			2022CV303
PROOF OF SERVICE OF SUMMONS			Ref. No. or File No.: 22060125

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of:
- f. ☒ other (specify documents): SUMMONS & COMPLAINT OUT OF CUMBERLAND COUNTY, MAINE
3. a. Party served: CUP4CUP, LLC
- b. ☐ Person (other than the party in item 3a) served on behalf of the entity or as an authorized agent (and not a person under item 5b on whom substituted service was made)(specify name and relationship to the party named in item 3a):
4. Address where the party was served: AGENT FOR SERVICE: KRYSTA SCULLY 6540 WASHINGTON STREET
YOUNTVILLE CA 94599
5. I served the party
- a. ☒ **by personal service.** I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on 09/29/2022 (2) at 3:45 pm
- b. ☐ **by substituted service.** On: at: I left the documents listed in item 2 with or in the presence of:
- (1) ☐ **(business)** a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
- (2) ☐ **(home)** a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
- (3) ☐ **(physical address unknown)** a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
- (4) ☐ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., § 415.20). I mailed the documents on.
☐ a declaration of mailing is attached.
- c. ☐ **by mail and acknowledgement of receipt of service.** I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
(1) on (date): (2) from (city):
(3) ☐ with two copies of the *Notice and Acknowledgement of Receipt* and a postage-paid return envelope addressed to me. (Attach completed Notice and Acknowledgement of Receipt) (Code Civ. Proc., § 415.30.)
(4) ☐ to an address outside California with return receipt requested (Code Civ. Proc., § 415.40.)
- d. ☐ **by other means.** Method On: at:

Requestor Copy

6. The "Notice to Person Served" (on the summons) was completed as follows:

- a. ☐ as an individual defendant
- b. ☐ as the person sued under the fictitious name of:
- c. ☐ as occupant
- d. ☐ On behalf of:

under the following Code of Civil Procedure section:

- ☐ 416.10 (corporation)
- ☐ 416.20 (defunct corporation)
- ☐ 416.30 (joint stock company/association)
- ☐ 416.40 (association or partnership)
- ☐ 416.50 (public entity)
- ☐ 415.95 (business organization, form unknown)
- ☐ 416.60 (minor)
- ☐ 416.70 (ward or conservatee)
- ☐ 416.90 (authorized person)
- ☐ 415.46 (occupant)
- ☐ Other:

7. **Person who served papers**

- a. Name: DEPUTY J. BAUMGARTNER
- b. Address: 1535 Airport Blvd. Napa, CA 94558
- c. Telephone number: 707-253-4325
- d. The fee for service was: \$ 40.00
- e. I am:

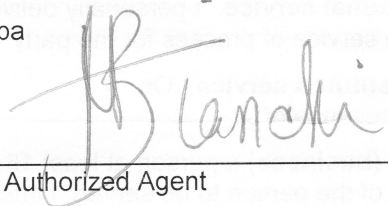
- (1) ☒ not a registered California process server.
- (2) ☒ exempt from registration under Business and Professional Code section 22350(b).
- (3) ☐ a registered California process server:
 - (i) ☐ owner ☐ employee ☐ independent contractor.
 - (ii) Registration No.:
 - (iii) County:

8. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
or

9. ☒ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Friday, September 30, 2022

Oscar Ortiz,
County of Napa

By: 
Sheriff's Authorized Agent

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): SALLY A. MORRIS, ATTORNEY AT LAW LLC SIX CITY CENTER STE 300 PORTLAND ME 04101 TELEPHONE NO.: 207-558-6161 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): KATHLEEN FINN		FOR COURT USE ONLY
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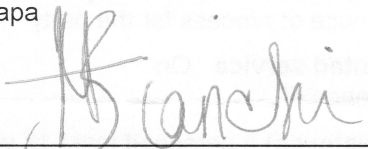
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